
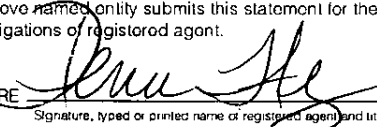
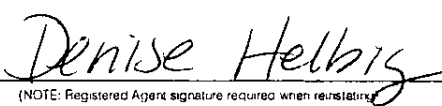
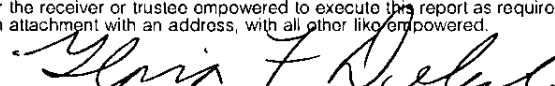


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90014 007 \*\*\*\*61.25

<b>DOCUMENT # N04769</b> 1. Entity Name <b>CEDAR CREEK AT COUNTRY RUN HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>14813 TURNER RD TAMPA FL 33624</b>		Mailing Address <b>14813 TURNER RD TAMPA FL 33624</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2542871</b>	
6. Name and Address of Current Registered Agent  <b>HELBIG, DENISE 14813 TURNER ROAD TAMPA FL 33624</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%;">   <small>(NOTE: Registered Agent signature required when reinstating.)</small> </div> <div style="width: 30%; text-align: right;"> <b>3/20/07</b>  <small>DATE</small> </div> </div>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELISLE, GLORIA 10033 DR. M. L. KING JR. ST. N. - 2ND FLR. ST. PETERSBURG FL 33716	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SPOONER, JENNIFER 10033 DR. M. L. KING JR. ST. N. - 2ND FLR. ST. PETERSBURG FL 33716	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANDREWS, DELORES 10033 DR. M. L. KING JR. ST. N. - 2ND FLR. ST. PETERSBURG FL 33716	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DACKSON, STEPHEN 10033 DR. M. L. KING JR. ST. N. - 2ND FLR. ST. PETERSBURG FL 33716	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIBLE, PAT 10033 DR. M. L. KING JR. ST. N. - 2ND FLR. ST. PETERSBURG FL 33716	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE: 			Date: <b>3-20-07</b> <span style="float: right;">813964933</span>		